



EASTERN GOLDFIELDS HOCKEY WINTER COMPETITION REGISTRATION TRANSFER

**Please read all details carefully and contact the Association for further information if needed.
Incorrectly completed and processed forms MAY result in a MATCH FORFEIT**

All players currently registered with Eastern Goldfields Hockey Association [EGHA] who competes in the winter competition, and:

1. Wish to move to another EGHA winter competition affiliated, OR
2. Wish to play with a second EGHA team under special permits guidelines

Must obtain written approval from their current affiliate club

- A clearance is required to move from one affiliate to another, even when moving one competition section to another [i.e. when moving from the underage competition to open age (senior) competition]
- A player may register with a maximum of TWO affiliates, provided meets the requirement of the By-laws
- Players currently registered with two (2) affiliates who wish to transfer from both, should complete a separate form for each.

PLAYER DETAILS

Name:		D.O.B
Address:		Postcode
Male / Female (Please Circle)	Phone HM:	
Signature:	Signature Parent / Guardian	
<i>(Parent / Guardian to sign if applicant is under 17 years)</i>		

REGISTRATION SECTION:

CURRENT CLUB/S: (List All)		CLUB/S You Intend to play with (List All)	
	Affiliate (Under Age Comp)		Affiliate (Under Age Comp)
	Affiliate (Open Age Comp)		Affiliate (Open Age Comp)

APPROVAL SECTION:

CURRENT AFFILIATE:	
As an authorised signatory of: _____ I confirm that the player named above has been granted a clearance/approval to register with: _____ In the (Under Age / Open Age) Eastern Goldfields Hockey Association Competition. <small>Please circle the applicable competition</small>	
Officials Name: <small>Please Print</small>	Club Position:
Signature:	Date:
PROPOSED AFFILIATE:	
As an authorised signature of: _____ I confirm that the player named above has been accepted for registration in the (Under Age / Open Age) Eastern Goldfields Hockey Association competition. <small>Please circle the appropriate competition</small>	
Officials Name: <small>Please Print</small>	Club Position:
Signature:	Date:

Completed forms should be sent to: **E.G Hockey Association – Clearance, PO Box 657, Kalgoorlie**

ASSOCIATION OFFICE DETAILS:

Received By (Print Name): _____

Signature: _____

Time: _____

Date: _____

Tabled to Minutes (Date): _____

On receipt of form and signed by authorised officer, a copy of form is to be returned to both affiliate Clubs, and appropriate sub-committees upon completions.